# **24.00.040 USE OF RESTRAINING DEVICES** (CALEA 70.2.1)

The following devices or combinations are approved for the restraint of prisoners when used in accordance with this policy, the Use of Force policies, and Department approved training:

- Department issued handcuffs
- Belly chains or functional equivalent
- Leg iron cuffs
- ❖ The Wrap™ restraint device
- Leg hobble restraints
- "Flex-Cuff" type plastic restraints

# **Restraint of Pregnant Persons**

Persons who are known to be pregnant should be restrained in the least restrictive manner that is effective for officer safety. However, leg irons or waist/belly chains shall never be used to restrain a pregnant detainee. No person who is in labor shall be handcuffed or restrained. This does not prohibit a treating physician licensed under Title 18 RCW from requesting the use of hospital restraints for the medical safety of the person (RCW 70.48.500).

#### **Restraint of Juveniles**

Juveniles age twelve and under should not be handcuffed unless they present a danger to themselves or others. In determining whether to handcuff juveniles over the age of twelve, the severity of the offense and circumstances of the interaction should be considered.

### Restraint of Prisoners by Use of Handcuffs

Handcuffs are normally necessary for use at all times when officers are processing and transporting arrested/lawfully detained persons. All persons who are taken into custody, who are transported in a police vehicle, will be handcuffed with wrists behind the back. All prisoners will be handcuffed with the "double-lock" mechanism activated as soon as practical, unless circumstances at the time of the arrest (i.e., prisoner was combative or resistive) prohibit the officer from doing so. Such circumstances shall be documented in the arrest/case report as appropriate. Refer to other sections of this policy for handling prisoners who are injured, ill, or disabled.

For larger prisoners and those with perceived limited arm/shoulder flexibility, two sets of handcuffs linked together may be considered as an option when and if they can be reasonably and safely applied in order to reduce the likelihood of injury or discomfort.

Additional restraints are permitted for unruly or combative prisoners with the exception of the tactic known as "Hog-Tying." See additional information listed below.

A non-pregnant prisoner may be handcuffed with the hands in front if done in conjunction with use of a belly chain or functional equivalent so long as officer safety is not compromised.

Although recommended for most situations, if under the circumstances handcuffing would endanger the health or safety of the detainee, Officers/PSO's may, at their discretion, process and transport prisoners without handcuffs or without use of a belly/waist chain provided the Officer/PSO is able to maintain control over the prisoner. Some circumstances may be when dealing with elderly, very young, disabled, or pregnant persons.

Prisoners who require transport for an extended period of time will be handcuffed in front utilizing a belly chain or functional equivalent.

All prisoners will be secured with restraints while in the courtroom.

# **Securing Prisoners**

During transport, the prisoner should be secured in the seat by means of a seatbelt, and the prisoner should be placed in a seated position or on their side, rather than their stomach, to avoid potential breathing difficulties. This is particularly important for individuals exhibiting the signs of high agitation, psychotic drug/alcohol use, and obesity. If it is not possible to transport a subject in a manner described above, officers are encouraged to summon an aid car or private ambulance for transport.

In no event will a prisoner ever be secured to any portion of a vehicle while in transport other than by use of the seatbelt or leg hobble restraint (as described below)

## **Hog-Tying**

Officers will not "Hog-Tie" prisoners for transporting in Department vehicles. "Hog-Tying" is defined as linking the handcuffed wrists and restrained ankles together behind the back by use of a connecting strap or other device in order to severely limit a person's ability to move while in a prone position.

# **Transporting Combative Prisoners**

The WRAP Restraint Device- The WRAP™ restraint provides a safe and effective method of controlling and immobilizing a violent or potentially violent, resistive or combative subject who has been taken into custody. Like any restraint device, do not assume The WRAP™ is escape-proof.

Once applied, the subject should not be left unattended. The subject should be continuously monitored while The WRAP<sup>TM</sup> is in use. If in custody and transported by ambulance/paramedic unit, one person should ride as an observer with the subject to ensure all straps remain secure, that the person does not roll onto and remain on their stomach, and the subject is observed for signs of medical distress.

The WRAP™ may be considered for use under any of the following circumstances:

- a) Whenever you anticipate possible violent, resistive or combative behavior
- b) To immobilize violent, resistive or combative subjects on a case by case basis
- c) To limit violent, resistive or combative subjects from causing injury to themselves or others
- d) To prevent violent, resistive or combative subjects from causing property damage
- e) When conventional methods of restraint, such as handcuffs, are not effective
- f) In transportation of violent, resistive or combative subjects
- g) To assist with cell extraction of violent resistive or combative subjects

Once the subject is properly restrained using The WRAP™, they should be placed on their side or in an upright sitting position to allow for respiratory recovery. The WRAP™ is to be used as a temporary restraint, just like handcuffs, until the restraint is no longer reasonably necessary- typically after the subject arrives at the hospital or jail. The WRAP™ should be removed when safe and practical to do so.

If the restrained subject appears to be in medical distress (shortness of breath, sudden calmness, a change in facial color, etc.) or experiencing a medical emergency (stops breathing, cardiac arrest, etc.), The WRAP™ restraint and handcuffs shall be adjusted or removed as the situation dictates, and lifesaving measures should be performed when it is safe to do so. In both situations, EMS personnel shall be summoned for medical evaluation.

Supervisor permission is required prior to each use of The WRAP™. Only qualified personnel who have successfully completed the Department's training in the use of The WRAP™ are authorized to apply this restraint device.

Leg Hobble Restraints- Use of leg hobble restraints are authorized for use on prisoners who present a significant risk of injury to the themselves, the officers, or others. Leg Hobble Restraints should only be used when other means of full restraint (The Wrap $^{\text{TM}}$  or medical soft restraints) are not reasonably available or practical.

When necessary, the legs/ankles of a combative prisoner may be secured using a leg hobble restraint and the cuffed prisoner then placed in the transporting vehicle in a sitting position. The long lead of the restraint should be placed outside the rear door and brought up through, and closed into, the front door to prevent the lead from dragging on the ground.

Securing the legs together in this manner is not considered to be "Hog-Tying," in that there is no linking of the wrists and ankles at the lower back.